

* Received in Prod. Dept. on 3/31/09.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

*Ken
3/31/09*

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 32116
Name: R.T. Enterprises of Kansas, Inc.
Address: P.O. Box 339
City/State/Zip: Louisburg, KS. 66053
Purchaser: Pacer
Operator Contact Person: Lori Driskell
Phone: (913) 837-8400
Contractor: Name: Town Oilfield Service, Inc.
License: 33715

Wellsite Geologist: _____
Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover
_____ Oil _____ SWD _____ SIOW _____ Temp. Abd.
_____ Gas ENHR _____ SIGW
_____ Dry _____ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:

Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
_____ Deepening _____ Re-perf. _____ Conv. to Enhr./SWD
_____ Plug Back _____ Plug Back Total Depth
_____ Commingled _____ Docket No. _____
_____ Dual Completion _____ Docket No. _____
_____ Other (SWD or Enhr.?) _____ Docket No. _____
12/21/08 1/6/09 2/10/09
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-059-25417-00-00
County: Franklin
SE SW NE NW Sec. 4 Twp. 16 S. R. 21 East West
4115 feet from (S) N (circle one) Line of Section
3547 feet from (E) W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: Lidikay Well #: I-6
Field Name: Paola-Rantoul
Producing Formation: Squirrel
Elevation: Ground: 1018' Kelly Bushing: Not used
Total Depth: 778' Plug Back Total Depth: 31'
Amount of Surface Pipe Set and Cemented at _____ Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 20'
feet depth to surface w/ 4 _____
AHZ-Dlg - 8/3/09 ^{sx cmt.}

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content 1500-3000 ppm Fluid volume 80 bbls
Dewatering method used on lease
Location of fluid disposal if hauled offsite:
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.
Signature: Lori Driskell
Title: Agent Date: 2/27/09
Subscribed and sworn to before me this 27th day of February,
20 09.
Notary Public: J. Helms
Date Commission Expires: 5-21-2011

JESSICA M. HELMS
Notary Public - State of Kansas
My Appt. Exp. 5-21-2011

(AC) stat. by RK 5/5/09
KCC Office Use ONLY
N Letter of Confidentiality Received
If Denied, Yes Date: _____
_____ Wireline Log Received
_____ Geologist Report Received **RECEIVED**
_____ UIC Distribution **MAR 16 2009**

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Operator Name: R.T. Enterprises of Kansas, Inc. Lease Name: Lidikay Well #: I-6
 Sec. 4 Twp. 16 S. R. 21 East West County: Franklin

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

| | |
|--|--|
| Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Gamma Ray/ Neutron/ CCL | <input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum |
|--|--|

| CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used | | | | | | | |
|---|-------------------|---------------------------|-------------------|---------------|----------------|--------------|----------------------------|
| Report all strings set-conductor, surface, intermediate, production, etc. | | | | | | | |
| Purpose of String | Size Hole Drilled | Size Casing Set (In O.D.) | Weight Lbs. / Ft. | Setting Depth | Type of Cement | # Sacks Used | Type and Percent Additives |
| Surface | 9' | 6 1/4" | | 20' | Portland | 4 | |
| Completion | 5 5/8" | 2 7/8" | | 747' | Portland | 97 | 50/50 POZ |
| | | | | | | | |

| ADDITIONAL CEMENTING / SQUEEZE RECORD | | | | |
|--|------------------|----------------|-------------|----------------------------|
| Purpose: | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
| <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone | | | | |
| | | | | |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated | | Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) | Depth |
|----------------|---|----------|---|-------|
| 2 | 706.0-716.0 | 21 Perfs | | |
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| TUBING RECORD | | Size | Set At | Packer At | Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|-----------|---|-------------|---------------|--|
| Date of First, Resumerd Production, SWD or Enhr. | | Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) | | | |
| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravity |

Disposition of Gas Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 228253

Invoice Date: 01/08/2009 Terms:

Page 1

R.T. ENTERPRISES
1207 N. FIRST ST.
LOUISBURG KS 66053
() -

LIDIKAY I-6
4-16-21
19920
01/06/09

| Part Number | Description | Qty | Unit Price | Total |
|-------------|-------------------------|--------|------------|--------|
| 1124 | 50/50 POZ CEMENT MIX | 97.00 | 9.7500 | 945.75 |
| 1118B | PREMIUM GEL / BENTONITE | 282.00 | .1700 | 47.94 |
| 1111 | GRANULATED SALT (50 #) | 227.00 | .3300 | 74.91 |
| 1110A | KOL SEAL (50# BAG) | 540.00 | .4200 | 226.80 |
| 1107A | PHENOSEAL (M) 40# BAG) | 27.00 | 1.1500 | 31.05 |
| 4402 | 2 1/2" RUBBER PLUG | 1.00 | 23.0000 | 23.00 |

| Description | Hours | Unit Price | Total |
|---------------------------------|-------|------------|--------|
| 495 CEMENT PUMP | 1.00 | 925.00 | 925.00 |
| 495 EQUIPMENT MILEAGE (ONE WAY) | 10.00 | 3.65 | 36.50 |
| 548 TON MILEAGE DELIVERY | 1.00 | 157.50 | 157.50 |

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| | | | | | | | |
|--------|---------|-----------|-----|---------|---------|----|---------|
| Parts: | 1349.45 | Freight: | .00 | Tax: | 91.75 | AR | 2560.20 |
| Labor: | .00 | Misc: | .00 | Total: | 2560.20 | | |
| Sublt: | .00 | Supplies: | .00 | Change: | .00 | | |

Signed _____ Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

McALESTER, OK
918/426-7667

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577

